



2023 YEAR-END REPORT



LivingGoods

Delivering Data-Driven Health Care, Door to Door.



YEARS



Letter from the CEO

In 2023, we entered the second year of our 5-year strategic plan. As a reminder, this plan centers on supporting governments in strengthening their community health systems by digitizing, skilling, supplying, supervising, and paying CHWs—to scale community health more sustainably.

Prossy, a community health worker (CHW) supported by Living Goods in Uganda, made a powerful statement about the urgent requirements of CHWs at the Women Deliver Conference I attended: “We need to be heard! We require skills, commodities, fair compensation, and access to digital tools to effectively carry out our duties.” These words resonate with our mission. I’m proud of the Living Goods team and the significant progress we made against our goals in 2023, including:

1. In the three countries where we operate (Kenya, Uganda, and Burkina Faso), **governments are implementing electronic community health information systems (eCHIS)** to eventually support 200,000 CHWs reaching 120 million people. While investing in the digital aspects is a good starting point, it is not enough to merely equip CHWs with digital tools; they must receive a comprehensive support package to be effective. Living Goods acknowledges that countries are at varying stages and commits to providing continuous support in their journeys.
2. **Living Goods played a crucial role in securing the Kenyan government’s commitment to revamp the CHW program for all 100,000 CHWs across the country.** We estimate this will result in \$100 million in government-directed investment in community health across the country in the first year.
3. We are excited about the progress in Burkina Faso. **In the inaugural year of our operations, CHWs in the Ziniaré learning site consistently met or surpassed key performance indicators,** more than doubling the number of sick child treatments from Q1 to Q4. We are encouraged by the proactive leadership of the Ministry of Health (MoH) in developing the new National Community Health Strategy. Our focus remains on enhancing digital capacity within the MoH, especially as eCHIS continues to expand.
4. In Uganda, Living Goods collaborated with the government in **developing the inaugural National Community Health Strategy,** which will guide the implementation of community health initiatives across the country. We will keep advocating for the government to commit financial resources to operationalize the strategy.
5. On our people front, we continued on the journey to make Living Goods an inclusive and great place to work. **Our focus centered on redistributing power, improving decision-making processes, and cultivating a safer, more open environment** that encourages staff to speak up and challenge our traditional approaches.

We are incredibly grateful for the CHWs who steadfastly serve their communities, the governments we collaborate with, our funders who actively support this work, and the partners we radically team up with and learn from. Even with the many wins in 2023, we recognize that our work is far from complete. With the foundation of our strategy laid and strong momentum, I’m positive 2024 will bring even more positive developments to celebrate.

Liz Jarman
Living Goods CEO

Cover: CHW Nantumbwe Judith, from Kalangala District visits expectant Victoria, a resident in Lwabaswa village, Bubembe island.

Results in 2023



11,429

CHWs SUPPORTED



6,179,910

PEOPLE SERVED



2,750,753

SICK CHILDREN UNDER 5 TREATED/REFERRED



461,189

SICK CHILDREN UNDER 1 TREATED/REFERRED



132,470

NEW PREGNANCIES REGISTERED



194,018

TOTAL COUPLE YEARS OF PROTECTION

2023 average CHW impact per month:

each month, a Living Goods-supported CHW:



provided
23 treatments

or referrals for children under 5 years old sick with malaria, pneumonia, or diarrhea



registered
1.1 pregnancies

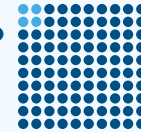
and provided antenatal and postnatal care support



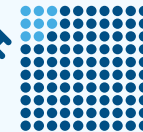
enabled
2.5 couple years protection

through family planning counseling and methods

CHWs also ensured



95%
of deliveries occurred at the health facility



95%
of children 9-23 months were fully immunized

at high cost-effectiveness

\$ 2.07
per capita

Burkina Faso: A Family's Journey with Community Health Support

Bougma Asise's wife—Félicité Sawadogo—is expecting a child. Years ago, this would have posed challenges, given that the nearest healthcare facility is 6 kilometers away and is not easy to reach. In case of an emergency, especially at night, the situation could become complex.

Asise and Félicité live in Loumbila, a commune nestled within the Oubritenga Province in northern-central Burkina Faso—approximately 23 kilometers from Ouagadougou, the capital of the West African country.

In Burkina Faso, accessing healthcare in remote areas is challenging. More than 10% of children died before their 5th birthday in 2019. Furthermore, pregnancy not only impacts a woman's health but also significantly influences the socio-economic dynamics of the household: when Félicité became pregnant, she had to step away from her income-generating activities, leaving Asise as the sole breadwinner. Beyond the financial implications, the health risks posed a constant worry.

Yet, for Asise and Félicité, there is hope. The government and partners like Living Goods have collaborated to enhance access to quality, community-based healthcare. Families are now supported by CHWs. One such case is Zoundi, who has become a lifeline for Félicité.

"Zoundi's assistance is invaluable. We've received practical advice that surpasses what one might find in a traditional hospital setting where information is shared in groups," Asise shared.

Zoundi's commitment to providing ongoing support has been a blessing for the family. "If we had to continually travel the 6 kilometers to the health center, especially during the night if she fell ill, it



CHW Zoundi sensitizes Asise and wife Félicité about keeping a healthy pregnancy. Zoundi has been offering prenatal services to the couple from the first trimester. Also in the photo is another CHW (R) and a Living Goods-supported CHW supervisor (L).

would undoubtedly be a complicated ordeal. Zoundi has shared advice that my wife and I were unaware of. The fact that she comes to see us significantly eases our burden," Asise explained.

Looking toward the future, Félicité expressed her hope, saying, "During childbirth and after, I hope to receive care and guidance from the CHW to ensure the best possible health for my baby."

Burkina Faso's government is partnering with Living Goods to improve access to quality, community-based healthcare as it strives to attain universal health coverage. ■

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- Bougma Asise

Kenya, Uganda, and Burkina Faso Roll out Digitization for Community Health Programs

Living Goods has become a leading partner to governments as they digitize their community health interventions because of our unique blend of hands-on implementation expertise and extensive digital capabilities.

For the last 10 years, we have pioneered the use of digital tools to rigorously monitor and continuously improve CHW performance—all in service of driving greater health outcomes. We have learned a lot about how to do this at scale, and have actively shared our expertise and evidence with governments embarking on national scaling initiatives. At the same time, we have built momentum for other crucial components necessary for an effective community health workforce.

In 2023, we saw substantial progress in adopting supportive policies for community and digital health across our three countries of operations. Additionally, governments invested in the implementation of electronic community health information systems (eCHIS), which will eventually be supporting approximately 200,000 CHWs and reaching 120 million people. Living Goods acknowledges that countries are at varying stages and commits to providing continuous support in their journeys.

Looking to 2024, we will solidify our support for eCHIS in the countries where we operate and work with governments to ensure effective policy implementation and expand our work in health financing. While we are excited about what's to come, we recognize that the journey is far from complete, particularly in securing sustained funding for community health. ■



200,000

approximate number of CHWs to be supported by governments' investment in the implementation of eCHIS.



120 million

approximate number of people the eCHIS rollout will reach.



Kenya's President Ruto alongside the Busia Governor during the launch of the revamped CHW program.



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Key Milestones



IN KENYA:



Living Goods played a crucial role in **securing the government's commitment to digitize, train, supply, supervise, and enhance compensation for all 100,000 CHWs across the country**. We estimate this will result in approximately \$100M in government-directed investment in community health across the country in the first year.



At the same time, President William Ruto **strengthened the nation's healthcare infrastructure** by enacting four groundbreaking bills, including the Primary Healthcare Act, The Digital Health Act, The Social Health Insurance Act, and The Facility Improvement Financing Act.

Living Goods and the Community Health Units for Universal Health Coverage (CHU4UHC) partners have long **supported government efforts, providing evidence on CHW effectiveness and creating foundational documents** like the Investment Case for Community Health, the Costed Community Health Policy 2020-2030, the Kenya Community Health Strategy, and a landscape analysis of digital health requirements. **While this support for community health at the highest levels of government is promising, the rapid deployment of changes poses risks**. We, alongside partners like Lwala, Medic, and Johnson & Johnson are working closely with national and county governments to maximize impact and mitigate risks. ■



CHWs at the launch of the revamped program.



IN BURKINA FASO:



We collaborated with the government on the **costing and strategy development for the new National Community Health Strategy** while implementing the Global Fund's Project BIRCH grant. With strong government commitment and financing, the new strategy presents a **significant opportunity to shape the country's community health programming over the next five years, prioritizing eCHIS**. We applaud the government's leadership and commitment to supporting CHWs, including ensuring they are paid and appreciated.



The government announced the **addition of 15,000 CHWs** to serve populations who migrated to cities due to security challenges. We will assess our potential role in 2024 and evaluate how we can contribute to this expansion. Recognizing the critical importance of security concerns, especially following recent coups in Niger and Gabon, we have taken proactive measures by hiring a local consultant to guide our continued growth within the country. ■



IN UGANDA:



Living Goods collaborated with the government in developing **the inaugural National Community Health Strategy**. This strategy emphasizes the effectiveness of digitized, well-supplied, supervised, and compensated CHWs in promoting good health.



The government also launched the **Health Information and Digital Health Strategic Plan**, leveraging Global Fund financing to scale up eCHIS. **Selected by the Ugandan MoH to lead the rollout in six districts**, we collaborated with Medic and BRAC on this project. **The government aims to expand eCHIS to 30% of CHWs in 50 districts by 2025**. While this promotes standardization of care at the community level, there is currently only investment in the digital aspects. It is however not enough to put digital tools in the hands of CHWs; **they must receive a full package of support to be effective**, including strong supervision, continuous training and upskilling, supplies, and fair pay. We will continue to advocate for this. ■



Ugandan Minister of Health Jane Ruth Aceng signs a dummy of the National Community Health Strategy.



AT THE GLOBAL LEVEL:

Living Goods recognizes the essential role of advocacy in knowledge sharing, policy influence, and translating health commitments into action for maintaining community health programs at the core of health systems strengthening. In 2023, among many things, we successfully advocated for the **incorporation of robust community health best practices within the UN Political Declaration on Universal Health Coverage** and contributed to Africa CDC's Continental Coordinating Mechanism for Community Health. Furthermore, we shared best practices at the Community Health Worker Symposium, which concluded with the Monrovia Call to Action. This collective effort, involving government delegations worldwide, aimed to mobilize increased investment in CHWs. ■



Living Goods' delegation with the Community Health Impact Coalition (CHIC) members at UNGA.

Our Collaborative Approach with Governments Yields a Better Return on Investment

Central to our strategic plan was scaling through governments to co-finance and co-implement community health programs—what we call implementation support. **This approach has gained momentum and is yielding a significant return on investment.** Living Goods provides hands-on support to government partners for a period of five years and above, facilitating the effective implementation of community health programs.

We saw an increased demand for Living Goods' support from various counties in Kenya to scale government-led, digitally enabled community health. After our successful partnership in Kisumu and Isiolo, **we expanded into Vihiga where we trained more than 800 CHWs by the end of the year.** We applied learnings from Kisumu to boost impact faster and will start reporting on the trained CHWs in 2024. **Through co-financing, in 2023, the county governments where we work invested approximately \$5M–50% of the total budget—in their community health programs. Next year we anticipate our county partner governments will contribute \$6.5M which will be 53% of our Kenya total program costs.**

Although CHW performance in these sites is not yet where we want it, there has been substantial growth, as evidenced by the improvements the county government has announced in [health indicators](#) in Kisumu. We are moving in the right direction and will be scaling this model as we continue to learn alongside our government partners on how to further improve the health indicators.



Some of the CHWs in Vihiga undergo training about the management of childhood diseases.

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KISUMU:

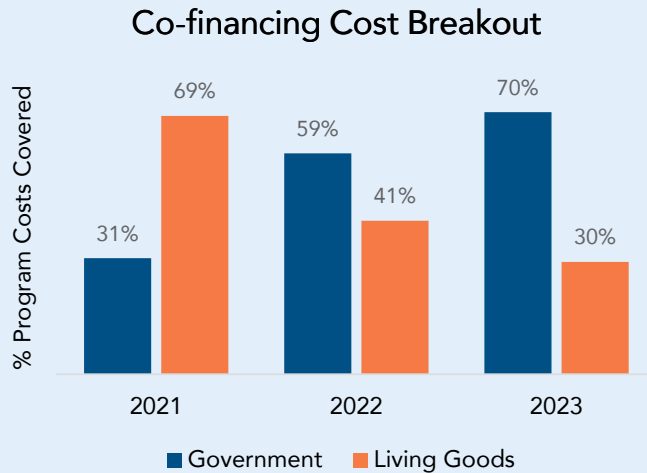
In 2023, we scaled to all the 3,000 CHWs in Kisumu County, serving more than 1.3 million people. The county government increased its contribution to the program costs to nearly 70% up from 30% in 2021.

CHWs surpassed some targets, such as on facility deliveries, antenatal care visits, and child immunization coverage. However, general performance remained below target, owing to inconsistent commodity supply, quality of care, and family planning data gaps.

To drive performance improvements in implementation support sites going forward, we will advocate for partner efforts around supply chain strengthening, support implementation of a policy allowing CHWs to dispense Amoxicillin to treat pneumonia, strengthen family planning training, optimize supervisor ratios and the supervisor app, and strengthen the government's capacity in areas of CHW performance management.



A CHW in Kisumu checking the nutrition status of a baby.



CHWs BOLSTER HEALTH INDICATORS IN KISUMU

On a bright sunny morning in Koru, Kisumu County, CHWs Neighter Achola and Grace Auma navigate a muddy and slippery road on their way to visit a client. They have to hurry, as the brightness of the morning will soon give way to heavy rain. The puddles on the road attest to yesterday's storm. Rural roads in this county

become almost impassable during the rainy season, posing a significant challenge for CHWs.

On this day, the CHWs are visiting 36-year-old Elizabeth, a grandmother and caregiver to 18-month-old Benette. Elizabeth shares, "When I realized my 16-year-old firstborn was pregnant,

I did not know where to start. She was in school, and I thought that was the end of her schooling. But thankfully, Grace and Neighter have guided us through the pregnancy, delivery, and up to now are providing postnatal care."

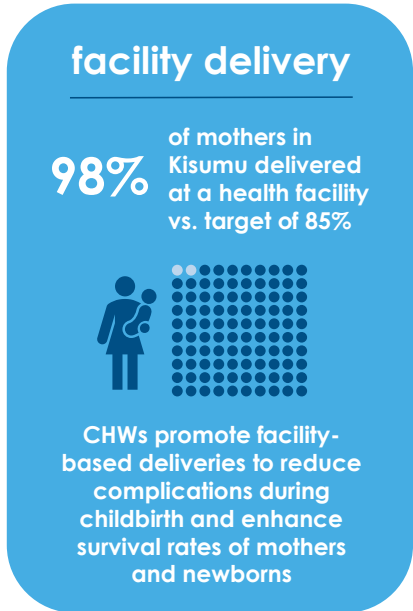
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The CHW duo has consistently supported the family by offering guidance and counseling and ensuring attendance of all antenatal and postnatal care visits at the health facility. In between, they provided advice on nutrition, malaria prevention, hygiene, breastfeeding, and family planning.

More women in the county now deliver in health facilities attended to by skilled health workers. In 2023, facility deliveries exceeded 92%, up from 69% in 2019, correlating with the reduced maternal mortality reported by country officials. The percentage of fully immunized children aged 9-23 months surpassed 93%. Improvement in these health indicators can be in no small part attributed to the work of CHWs. Living Goods offers technical and hands-on support to over 3,000 CHWs across the county in partnership with the Kisumu County government.

"I thank the people who gave me support, especially my family and the CHWs. I hope they can help other girls who need similar support and guidance," says Jane, who has since returned to school.

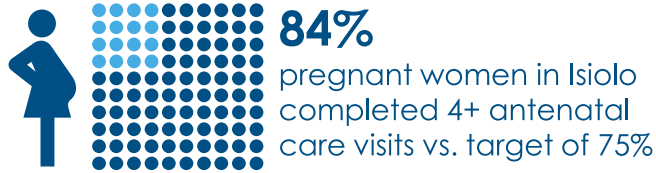
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CHWs Neighter Achola and Grace Auma walk past a puddle of water on their way to Elizabeth's home to check on her grandson.

ISIOLO:

Most CHWs in Isiolo began manually reporting in March due to dysfunctional phones and to support another partner's drought relief efforts. After several engagements, we secured government approval to revert to full digital reporting in Q3 but this has taken longer as we awaited the disbursement of phones following President Ruto's announcement which only happened in October. CHW performance has therefore remained below target apart from a few indicators. This was mainly due to inconsistent commodity supply, delayed payment of CHWs by the MoH, and most CHWs lacking access to digital tools.



Delivering Healthcare to People's Doorsteps

OUR IMPACT IN BURKINA FASO

We maintained high-quality healthcare delivery in our learning sites where Living Goods oversees all aspects of funding and performance—Digitizing, Equipping, Supervising, and Compensating—for the CHWs we support. **These are centers of excellence where we innovate nimbly, produce evidence, and show impact at a gold standard** to ensure greater chances of success for government-led implementation.

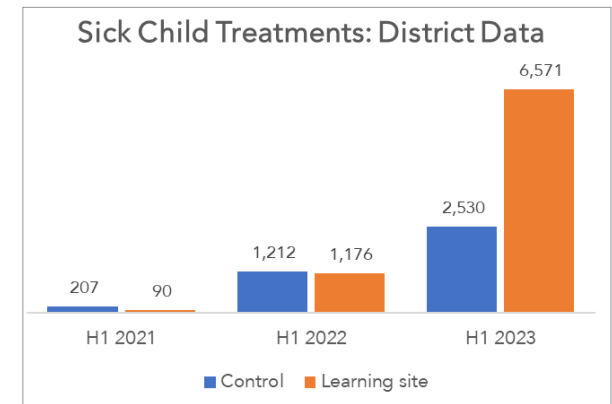
We are excited about the progress in Burkina Faso in the inaugural year of our operations.

CHWs in the Ziniaré learning site consistently met or surpassed key performance indicators, **with CHWs more than doubling the number of sick child treatments from Q1 to Q4**. Despite facing substantial digital health challenges related to data flow from the CHWs' digital tools in highly remote settings, we actively addressed these issues through secondments to government and global technical support, and this is starting to be rolled out.

We postponed the planned expansion of an additional 250 CHWs in Ziniaré to Q1 2024. This delay will allow sufficient time for resolving data

flow issues and deploying the supervisor app, which has also experienced delays. As we navigate the challenges, our focus remains on enhancing digital capacity within the MoH, especially as the eCHIS program continues to expand.

CHWs are connecting more children to care in Ziniaré



*Data was extracted from DHIS2 of the Ministry of Health and Public Hygiene. Note this analysis is not intended to be a study with the methodological rigor of research; it consists of a trend analysis in order to assess the contribution of Living Goods' program over the same period of analysis.



CHW Zoundi sensitizing a woman on how to preventive malaria.

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CHWs DELIVERED STEADY RESULTS IN OUR KENYA AND UGANDA PROGRAMS

BUSIA AND UGANDA LEARNING SITES:

CHWs surpassed numerous targets, driven by enhanced supervision, adequate commodity stock levels, and improved data utilization for performance management. We are, however, further assessing data quality in both countries and working on developing a data-driven dashboard to support this.

As part of the Kenyan government support, Busia County received 2,000 phones and kits in December. We will maintain a learning site with about 635 CHWs, and have already contracted with the county to provide implementation support for the remaining 1,560 CHWs.

On a good note, we achieved the best tech stability in years and created a robust plan to ensure minimal disruption during any necessary future upgrades to the Community Health Toolkit platform. This will enable us to accelerate our innovation initiatives.

Notably, family planning services improved by 20% due to enhanced training, improved workflows, and better commodity access. Despite this progress, we know that there is still a high unmet need among women of reproductive age driven mostly by unstable commodity supply at the public facilities, knowledge gaps among CHWs on how to counsel clients, and poor partner involvement. To make stronger progress toward our goals, we will establish partnerships to close referral loops with health facilities and implement a behavior change communication strategy to address gender challenges.

As for innovations, initial findings from the CIFF-supported telehealth project suggest that the virtual platform may enhance timely access to critical maternal and neonatal health services and information. In the project's second phase, we are focusing on refining virtual tools to support households' risk assessments and enhancing the design to improve compliance by new mothers to all three postnatal care touchpoints within six weeks after birth. In 2024, we will assess outcomes, including postnatal care service uptake and cost efficiencies, while continuing efforts to identify suitable e-learning platforms and addressing challenges related to malnutrition, teenage pregnancies, and growing needs in community-based disease surveillance.

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Living Goods summarizes all CHW health interventions into a single indicator called high-impact health touches (HIHTs) to see a program's performance at a glance.



Kalangala Island: CHW Judith with a malaria prescription for a child.

SHIFTS IN THE UGANDA PROGRAM

We're immensely proud of our 17 years of impact in Uganda, where two gold-standard randomized control trials have demonstrated at least a 27% reduction in under-five mortality. Not only have we delivered significant impact to millions of people, but we have been a key partner driving systems change.

While we celebrate this hard-earned progress, our goal is to always maximize the impact we can have—today and in the future—with the resources entrusted to us. Following the successful programmatic shifts that we undertook in Kenya in 2021, we are re-imagining our operations in Uganda with this front of mind.

Per our strategic plan, we remain ambitiously focused on supporting governments to truly own and invest in strong community health systems. To make this vision a reality, we have chosen to hone our focus on countries where there is strong government support and funding to professionalize, supply, support, and pay CHWs. Therefore, as we anticipated in our strategic plan, **it has become necessary for us to take a step back and consider where Living Goods can leverage donor resources for the greatest impact.**

This decision is timely and also aligns with the government's recent request to all implementing partners in the country to engage in better coordination and deeper engagement in districts. By mid-2024, we will consolidate operations in Uganda, going deeper in fewer districts instead of being thinly spread across many. The districts we plan to exit this year will mainly transition to other partners and we have done extensive mapping and engagement to support this.



We're immensely proud of our 17 years of impact in Uganda, where two gold-standard randomized control trials have demonstrated at least a 27% reduction in under-five mortality.

In phase 1, we plan to reduce the number of CHWs we support by 25%, from 4,000 to 3,000 across nine districts. Our priority is to minimize the impact on staff, the CHWs we support, and the families they serve, and to implement this plan with care and transparency.

Future reductions in 2025+ will be phased as we transition more districts to partner support with an end goal of consolidating and deepening investments in at least three districts, supporting 1,500 CHWs. These districts will continue to serve as learning sites, fostering innovation and showing what is possible when you fully digitalize, equip, support, and pay CHWs.

We believe these strategic shifts will enable us to deliver more impact in Uganda in the most durable, sustainable manner, both in the districts we consolidate in and at the national level.

BRAC:

Meanwhile, CHW performance in the BRAC program was below target throughout the year. The CHWs experienced device breakdowns and app glitches; ineffective supervision; with a large supervisor-to-CHW ratio of 1:150 that prevents regular touchpoints; and stockouts of commodities, which affects services like sick child treatments.

While we concluded our financial and technical partnership with BRAC in December 2023, we will continue to work together at the national level to advocate for professionalized CHWs and to influence increased government and partner funding for the sector.

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Empowering and Nurturing Our Leaders for Growth

Since Liz became CEO, we have been on a deliberate journey to strengthen and diversify our leadership structure and team to better fulfill our mission. Prioritizing proximity and lived experience, we shifted our “center of gravity” to East Africa, positioning our staff and operations as close as possible to our government partners, the CHWs we support, and the communities we serve. This commitment increased African representation within our senior leadership roles and rooted our leadership, decision-making, and organizational culture in East Africa. Currently, 98% of our staff are African and based in Africa. Our governing board and global leadership team now feature 50% African representation, doubling since 2018.

As part of these ongoing efforts, we prioritized two key initiatives last year to empower and develop senior leaders below the executive level. First, we

established a new leadership group, called the Global Leadership Council (GLC), comprising of 19 directors or function heads, to complement our existing 8-person Global Executive Team (GET). The GLC was formed after a staff-led consultative process. We previously had a Global Management Team, but surveys and focus groups revealed it was too big and its purpose and role were unclear.

Our GET and GLC now convene quarterly to deliberate on key strategic topics and GLC members regularly feed into the various steering committees and technical working groups (TWGs). During their first joint retreat, they discussed how to strengthen a culture of psychological safety, fostering an environment where every individual can contribute in their unique ways and explored how to ingrain this in our organizational fabric.

Second, we invested in a 10-month Emerging Senior Leadership Development Program in collaboration with the Gordon Institute of Business Science (GIBS) in South Africa. The inaugural cohort of six employees graduated in August.

‘Participating in the GIBS leadership course helped me to see the connection between self-awareness and effective leadership—which inspires and empowers others to grow. That is the kind of leader I want to be,’ says Dr. Stella Kanyerere, Deputy Country Director/Director Program Delivery, Uganda.

Though more work remains, we are proud of our progress, reflected in our annual anonymous Voices Survey. Of the core elements surveyed in 2023, staff scored improvements in 14 out of 15, with a remarkable 96% response rate. Leadership was the most improved index in the year.

2 key initiatives to empower and develop senior leaders below the executive level

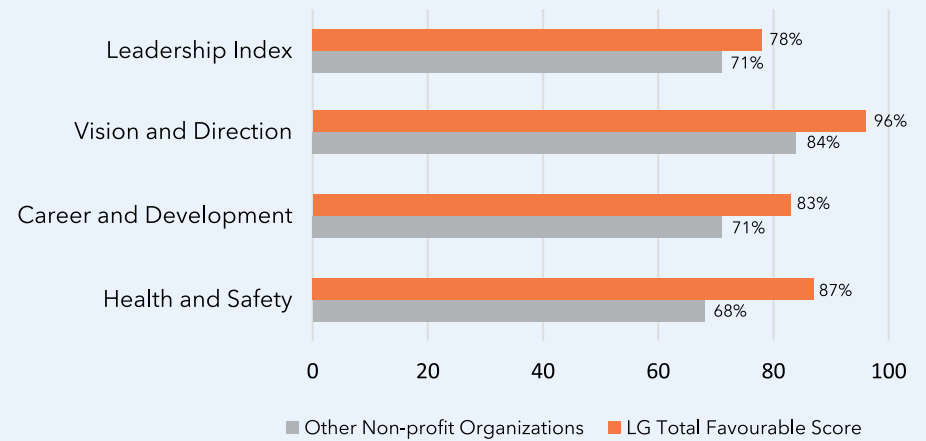


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Sample responses comparing Living Goods and other non-profit organizations



Based on the responses from our staff, Living Goods performed better than other non-profit organizations in all indices surveyed.

2023 KPIs

	Learning Sites						Implementation Support				Partnerships		2023 Total ⁶
	Kenya: Busia County		Uganda		Burkina Faso ⁴		Kenya: Kisumu County		Kenya: Isiolo County ⁵		Uganda: BRAC		
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
Monthly Per-CHW Impact Metrics													
New Pregnancies Registered	1.1	1.4	1.3	1.3	2.4	2.6	1.1	0.5	0.6	0.2	1.3	1.5	1.1
% of 4+ ANC visits	75%	90%	75%	83%	75%	N/A	75%	87%	75%	84%	75%	50%	0.8
% Facility Delivery	85%	97%	85%	91%	85%	N/A	85%	98%	85%	83%	85%	100%	95%
% On-Time Postnatal Care Visit	75%	85%	75%	56%	75%	N/A	75%	66%	75%	44%	75%	70%	64%
Couple Years Protection	5.9	3.9	5.4	2.4	5.7	N/A	5.4	3.6	2	1.0	5.4	1.0	2.5
% Children 9-23 Months Fully Immunized ¹	85%	99%	85%	97%	85%	N/A	85%	93%	85%	92%	N/A	N/A	95%
Under-5 Treatments or Referrals	23	30	24	36	15	14.7	16	8	3.2	2.4	24	21	22.9
Under-1 Treatments or Referrals	5	4.5	5	5.6	5	N/A	3	1.2	0.4	0.3	5	5.0	3.9
% Sick Child Facility Referrals Completed	80%	96%	80%	75%	80%	N/A	80%	91%	80%	97%	80%	50%	77%
DESC/Performance Management Metrics													
% CHWs in Stock of Essential Commodities ²	67%	90%	67%	93%	67%	75%	55%	60%	55%	N/A	67%	50%	73%
% CHWs w/ Supervision in Last 1 Month	80%	94%	80%	92%	80%	88%	60%	75%	60%	N/A	80%	80%	84%
CHW Income ³	\$20.00	\$20.23	\$20.00	\$17.87	\$20.00	N/A	\$20.00	\$25.00	\$20.00	\$25.70	\$20.00	\$7.30	18.2
Impact Total Metrics													
Active CHWs (3-Month Active)	850	777	4,275	3,535	500	224	3,000	2,733	780	374	2,500	2,037	11,429
Population Served	425,000	388,500	2,565,000	2,121,000	300,000	134,400	1,500,000	1,366,500	202,800	97,240	1,500,000	1,222,200	6,179,910
Total New Pregnancies Registered	11,220	12,190	66,690	60,985	6,300	6,906	34,997	14,397	5,616	935	39,000	37,057	132,470
Total Under-5 Treatments or Referrals	232,560	274,026	1,255,824	1,686,890	19,238	21,854	507,767	237,931	29,952	11,100	734,400	518,952	2,750,753
Total Under-1 Treatments or Referrals	46,512	41,148	262,656	259,330	10,980	N/A	103,081	34,634	4,064	1,277	153,600	124,800	461,189
Total Couple Years Protection	58,905	31,901	277,020	92,679	N/A	N/A	175,604	61,244	26,676	1,232	56,376	6,962	194,018
Total Unintended Pregnancies Averted	14,237	7,710	66,956	22,399	N/A	N/A	42,443	14,805	6,448	296	13,626	2,005	47,215
Net Cost per Capita (Annualized)	\$4.53	\$3.66	\$3.23	\$2.89	\$9.13	\$8.85	\$1.40	\$0.76	\$1.40	\$1.72	\$0.76	\$0.63	\$2.07

NOTES:

¹ BRAC CHWs do not provide immunization services.

² CHWs in implementation support sites acquire their commodities directly from partners or government health facilities.

³ Income in implementation support sites are projected totals as these have not yet been distributed to CHWs; they receive full pay after the end of the quarter.

⁴ Not all indicators were reported on in Burkina Faso due to issues with CHWs' digital tools, but we have worked with the MoH and partners to address this by 2024.

⁵ Manual reporting for most supervisors in Isiolo in H2 meant we were not able to report on some supervision and stock.

⁶ In 2023 we supported 11,429 CHWs. This includes 1,111 CHWs in new Kenya implementation support sites trained by EOY (817 in Vihiga and 294 in Busia); they are reflected in population served but not in other 2023 impact totals as they were not yet fully actively providing health services in 2023. This also includes 638 CHWs in Uganda learning sites transitioned to eCHIS by EOY (81 in Buikwe, 57 in Mpigi, and 500 in Mukono). These CHWs were actively providing health services throughout the year, but we were unable to capture their data as of Q3 once they transitioned to eCHIS, thus we are under-reporting on many of our total impact metrics for the year.



Kalangala Island: A happy client, Angel interacts with CHW Ronald during a routine household visit.

In all we do, we seek to live out our core values:



Put Families First



Make No Small Plans



Drive Towards Sustainability



Be Inventive and Adaptive



Master the Art of Collaboration

You can find more on our values on our [website](#), where we invite you to learn more about Living Goods, our partners, and the communities we serve. ■

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